

FISCAL YEAR 2001 PROGRAM OFFICER CHECKLIST AND CERTIFICATION

FOR

NOAA FINANCIAL ASSISTANCE AWARDS

(Form to be emailed to GMD upon request)

CERTIFICATION:

The Federal Program Officer listed below has reviewed the referenced application in accordance with applicable statutes, regulations, the Departmental Administrative Requirements, OMB Circulars, and the Federal Program Officer Application Review Guidelines and recommends this proposal for funding.

The Federal Program Officer also certifies that ALL performance reports for this recipient are current for ANY financial assistance awards for which he/she is identified as the Federal Program Officer. {IF REPORTS ARE NOT CURRENT, PLEASE RETAIN APPLICATION PACKAGE IN PROGRAM OFFICE UNTIL REPORTS ARE RECEIVED OR CONTACT THE GRANTS MANAGEMENT SPECIALIST FOR OPTIONS.}

**Federal Program Officer
(FPO)**

Date:

(signature)

FPO Printed

Name:

Phone: _____

Internet email address: _____

Fax: _____

Office Routing Code & Address: _____

**Optional Alt-Line Office Contact
(LOC):**

Phone: _____

Internet email address: _____

Fax: _____

Indicate contact person for this award IF NOT the **FPO only**:

☐

FPO and Alt-LOC

☐

Alt-LOC only

NOAA Award

No.:

Line Office Identifier: _____

(New Awards - obtain number from GMD)

(Optional - Line Office Use Only)

☐

New Award

☐

Continuation/Renewal

☐

Supplemental Award

Applicant:

State:

CFDA No. _____

CFDA Title: _____

Statutory Authority Citation: _____

(US Code NOT Public Law)

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Award Period: *(period currently recommended for funding)* _____

Is this a "NOAA Multi-Year Award"? *(Program approved by GMD)* Yes _____ No _____
{If YES, please follow NOAA Multi-Year Award Guidelines for other required documentation.}

Submission of Complete Application Package to GMD (check one):

- ☐ 60+ days prior to **original requested start date** on the SF-424
- ☐ 60+ days prior to **renegotiated** start date/project period *(attach recipient's letter/email requesting a revision to the start date to the SF-424)*
- ☐ Less than 60 days prior to **original OR renegotiated** start *(MUST attach written justification to maintain the original or renegotiated start date)*

Recipient Contact for this application: _____

Phone: _____

Internet email address: _____

Fax: _____

Principal Investigator: _____

Phone: _____

Internet email address: _____

Fax: _____

Funding and Match / Cost-Share Information:

Federal Share: \$ _____ *(from Block 15 of SF-424 / must match CD-435)*

Non-Federal Share: \$ _____ *(from Block 15 of SF-424 if applicable)*

TOTAL: \$ _____ *(Federal share plus Non-Federal share)*

Non-Federal Share **REQUIRED BY:** ☐ Statute ☐ Program announcement ☐ Voluntary

ACTUAL % of Match / Cost Share _____ *(% for Actual should be **Non-federal share divided by Total \$**)*

REQUIRED % of Match / Cost Share _____ *(list match requirements for each section of funding if different from actual)*

BRIEF PROJECT SUMMARY

(in plain language - limit to ONE paragraph - may be used as press release)

Reporting Requirements:

- Financial Reports (SF-269s and SF-272s) are required SEMI-ANNUALLY.
(Justification for more frequent reporting is required in the space provided below part two.)

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2. Performance/Progress Reports will be required on the following periodic basis:

☐ Semi-annually
☐ Annually *(Program approved by GMD)*
☐ Quarterly *(requires justification in space provided below)*

Justification:

3. Final Performance/Progress Report: *(check appropriate box based upon requirement approved for Program)*

☐ Comprehensive Final Report covering entire award period is required.
☐ Last Periodic Report for award is to be considered the "Final" Report.

Type of Financial Assistance

Award:

☐ Grant OR ☐ Cooperative Agreement *(Indicate the Federal Government's involvement in this project below.)*

SUBSTANTIAL INVOLVEMENT STATEMENT

(in plain language - limit to ONE paragraph if possible)

Selection Process:

1. Was the selection made on a competitive basis? Yes ☐ AND / OR No ☐

{If YES, then the *Federal Register* Notice (FRN) and selection memo identifying ranking and application to be funded must be on file in GMD.}

Please identify FRN(s): Vol.: No.: Date: Page:

(additional space provided below to list multiple FRNs or to explain if both YES and NO are checked above)

{If NO is checked, please also complete question two below.}

2. The selection was made on what type of non-competitive basis? *(please indicate selection type below)*

- a. Non-competitive
award

☐

{A **non-competitive justification memo** approved by the Assistant Administrator or his/her Designee must be submitted to GMD with the application. **The memo must describe the applicant's special capabilities (i.e., explain how it enhances the financial assistance objectives of the sponsoring organization) as well as must indicate that this work cannot be considered under any competitive program. Copies of at least three independent merit reviews** must also be submitted to GMD with the application.}

- b. Non-Discretionary award: ☐ *(please indicate type of non-discretionary award below)*

- 1) Section 404 ☐

{A non-competitive justification memo is NOT required for a state, state designated agency, or interstate fishery commission. A non-competitive justification memo IS REQUIRED, as described under 2.a. above, if the applicant is NOT a state, state designated agency, or interstate fishery commission.}

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2) Formula-based ☐

{A **non-competitive justification memo** approved by the Assistant Administrator or his/her Designee must be submitted to the Chief of GMD that describes the formula-based program and authorizing statute and includes a funding allocation plan for the recommended projects.}

c. Congressionally directed award ☐

{A **non-competitive justification memo** approved by the Assistant Administrator or his/her Designee must be submitted to GMD with the application. **The memo must reference the statement included in the reports by the House, Senate or Conference Appropriations Committees or the appropriations statute which directs NOAA to award funds to this applicant.** Please attach a **copy of the legislation and/or conference report language** referenced in the non-competitive justification memo. **Copies of at least three independent merit reviews** must also be submitted to GMD with the application.}

d. Institutional award: ☐ (please indicate type of institutional award below)

(Institutional awards represent long-term partnerships between NOAA and the recipient which foster an effective scientific relationship that is mutually beneficial and furthers NOAA's strategic plan and programmatic goals.)

1) Sea Grant Omnibus Program ☐

2) Joint/Cooperative Institute ☐

3) National Undersea Research Center ☐

4) Fishery Management Council ☐

Specific Project Issues:

1. Is Program Income anticipated being generated from performance of this project? Yes ☐ No ☐

(e.g., income generated from registration fees, service fees, sale of commodities, rental fees, royalties, patents or copyrights)

{If YES, the applicant must explain in their proposal how this income will be used to promote program objectives.}

2. Please indicate if this project will produce any of the following (check applicable boxes):

☐ VIDEOS CREATED FOR PUBLIC VIEWING (excludes training and raw footage videos)

{Obtain clearance from Line Office Public Affairs Contact and submit to GMD with application.}

☐ SURVEYS/QUESTIONNAIRES REQUIRED BY FPO

{Obtain OMB clearance or DOC waiver and submit to GMD with the application.}

3. Will Federally-owned equipment be furnished to recipient to use for this award? Yes ☐ No ☐

{If YES, please describe the Federally-owned equipment being furnished for this award under the Programmatic Special Award Conditions below.}

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4. Does the project involve construction, historical properties, threatened or endangered species or their habitats, or will the project have a significant impact on the environment?

Yes ☐ No ☐

{If YES, please attach the NOAA Environmental Checklist for Proposed Actions and, as applicable, the required environmental compliance documentation, i.e., EA, FONSI, EIS, biological opinion, Notification to the Advisory Council on Historic Preservation, etc.}

Conflict of Interest:

Are you aware of a former DOC employee working for the applicant who represented or will represent the applicant before DOC or another Federal agency regarding this application and/or subsequent award, or who has been involved in the merit review and/or selection process?

Yes ☐ No ☐

{If YES, identify the person(s), list their period of DOC employment, and describe their involvement in this project and/or NOAA grant program. This supporting documentation must be submitted to GMD with the application.}

Funds to Minority Serving Institutions (MSIs):

1. Is the recipient a Minority Serving Institution? Yes ☐ No ☐

{If YES, please indicate type of MSI.}

<http://www.doc.gov/oebam/MSI.htm> maintains an MSI list

☐ Historically Black Colleges & Universities (HBCU)

☐ Hispanic Serving Institutions (HSI)

☐ Other MSIs: _____

☐ Tribal Colleges and Universities (TCU)

2. Is the subrecipient(s) an HBCU, HSI, TCU or Other MSI? Yes ☐ No ☐

{If YES, please indicate below for each subrecipient the type of MSI, name of institution, state location, and the federal dollars to be awarded.}

Type of MSI	Name of Institution	State	Federal Dollars
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Complete Application Package Checklist - original forms only / no additional copies needed:

- ☐ CD-435 signed by Authorized Budget Officer *(must match federal share indicated on SF-424)*
- ☐ Program Officer Checklist with required attachments *(email addresses for recipient/PI assist in review)*
- ☐ SF-424 Application *(all blocks are completed/revisions attached as applicable)*
- ☐ SF-424A *(budget)* & 424B *(assurances)* for NON-construction awards *(or other OMB approved budget forms)*
- ☐ SF-424C *(budget)* & 424D *(assurances)* for Construction awards
- ☐ CD-511 *(certifications)* NOTE: Form CD-512 should remain with the Recipient's grant files.
- ☐ SF-LLL - should only be provided IF the Recipient is reporting actual LOBBYING activity
- ☐ Applicant's proposed Statement of Work and detailed budget narrative
- ☐ Copy of Recipient's most current negotiated indirect cost rate agreement *(if applicable)*

Programmatic Special Award Conditions:

Will programmatic special award conditions be included in this award? Yes ☐ No ☐

{If YES, please list them in the space provided at the bottom of this form.}

PROGRAMMATIC SPECIAL AWARD CONDITIONS
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